

Financial Statement

IN THE UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF RHODE ISLAND

UNITED STATES OF AMERICA

v

1:9300041-002

GEORGE WAYNE REEDER

28-Jun-18


| | | | |
|---|---|--|--|
| Name and Address <i>George Wayne Reeder</i> | | Home Phone Number <i>816 820 1676</i> | Marital Status <i>Divorced</i> |
| Email Address: <i>WR @ KC Interstate.com</i> | | Social Security Number [REDACTED] | Spouse/Live-in Companion's Name <i>None</i> |
| Passport Number [REDACTED] | Date Issued <i>Feb 16 - 2005</i> | Expiration Date <i>Feb 15 2015</i> | |
| Employer or Business (Name and Address) <i>Retired</i> | | Check Appropriate Box: Wage Earner Self-Employed Partner/Corporate Owner Retired <input checked="" type="checkbox"/> Unemployed <input checked="" type="checkbox"/> | |
| Occupation <i>Retired 85-years old</i> | How long employed with this employer? <i>N/A</i> | Business Phone Number <i>None</i> | |
| Spouse/Live-in Companion's Employer or Business (Name and Address) <i>None</i> | | Check Appropriate Box: Wage Earner Self-Employed Partner/Corporate Owner Retired <input checked="" type="checkbox"/> Unemployed <input checked="" type="checkbox"/> | |
| Occupation <i>NA</i> | How Long Employed? <i>NA</i> | Business Phone Number: <i>NA</i> | |

YOU ARE DIRECTED TO CAREFULLY READ AND FULLY ANSWER EACH AND EVERY QUESTION ON THIS FINANCIAL STATEMENT. SHOULD A QUESTION OR SECTION NOT APPLY TO YOU, INDICATE SAME ON THE STATEMENT UNDER THAT PARTICULAR QUESTION OR SECTION BY WRITING "NONE."

| | | |
|---|------------------------------------|---|
| Home Address and phone number of next of kin or other reference Stacy Reeder Robinson 32130 Harborview Lane Westlake Village Calif 91361 310 614 5532 | Other Names or Aliases None | Previous Addresses within 5 years None |
|---|------------------------------------|---|

Age and relationship of dependents living in your household (excluding yourself and spouse)

None

| | | | |
|---|------------------------------|--|---|
| Date of Birth:  | For Defendant 7-25-32 | For Spouse/Live-in Companion None | Tax year of latest filed income tax return. _____ You are DIRECTED to FORWARD a signed copy of your latest income tax return along with your financial statement. |
|---|------------------------------|--|---|

BANK ACCOUNTS (include all personal and business checking accounts, savings accounts, Savings & Loans, Credit Unions, CD's, IRA & KEOGH ACCOUNTS, PENSION ACCOUNTS, etc.)

| I/J | Name of Institution | Address | Type of Acct | Account Number | Personal or Commercial |
|-----|---------------------|-------------|--------------|----------------|------------------------|
| I | Bank mid west | Kansas City | EC | ██████████ | personal |
| | | | | | |
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* I = Individual J = Joint

SAFE DEPOSIT BOXES (Rented or Accessed)

Do you have a Safe Deposit Box? ☐ Yes ☒ No.
If yes, please complete the bottom of this section for each box you have.

Is there any other person(s) holding assets or documents for you in any Safe Deposit Box? ☐ Yes ☒ No.
If yes, please complete the bottom of this section for each box.

Are you designated deputy and/or do you have access to anyone else's Safe Deposit Box? ☐ Yes ☒ No.
If yes, please complete the bottom of this section for each box.

Do you have a will and where is it kept? Provide this office with a copy of your last will and testament. *No*

| I/J | Name and Address of Location of Safe Deposit Box | Box Number | Contents |
|-----|--|------------|----------|
| | <i>No Safe Deposit Box</i> | | |
| | | | |

SECURITIES (Stocks in public and closely held corporations, bonds, mutual funds, U.S. Govt. Securities, etc.)

| I/J | Name and Kind of Company | Location of shares | No. of Units | Fair Market Value |
|-----|--------------------------|--------------------|--------------|-------------------|
| | <i>None</i> | | | |
| | | | | |

If you hold stock in any closely held corporations, provide copies of corporate tax returns for the last two years.

During the past two years, did you have a security trading account with a broker? *No* If yes, identify the brokerage firm(s), account number(s), state the name(s) of the account(s).

| I/J | Brokerage Firm | Account Name | Account Number |
|-----|----------------|--------------|----------------|
| | <i>None</i> | | |
| | | | |

Are you a member of any investment or barter trading clubs? If so, provide account statements for the last two years showing investments and current club value.

REAL ESTATE (Include home equity loans under mortgage balance)

| I/J | Address (Include County) | Purch. Date | Purch. Price | Fair Market Value | Mortgage Date & Balance | Monthly Payment | Date Mtg. Paid Off |
|-----|-----------------------------|----------------|-----------------|----------------------|----------------------------|--------------------|-----------------------|
| | <i>None</i> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

If any real estate holdings are income producing properties, identify tenants and current lease terms. Provide income statements and/or tax returns for the last two years for each rental property. *None*

BUSINESS HOLDINGS

How long have you owned your own business or businesses?

None

What is the nature of your business activity?

None

Are you involved in any business or personal partnerships?

No

If so, what is the nature of the activity of your partnership holdings?

None

Provide income and profit statements, balance sheets and income tax returns of your business and/or partnership(s) for the past two years.

None

Provide a current listing of accounts receivable and accounts payable for your business and/or partnership(s).

None

LIFE INSURANCE

| Name and address of co. | Policy Number | Type | Face Amt | Cash Surrender Value | Amount Borrowed | Amt you can borrow |
|-------------------------|---------------|------|----------|----------------------|-----------------|--------------------|
| <i>None</i> | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

MORTGAGES HELD BY YOU

| I/J | Mortgagee (name and address) | Mortgage Balance | Monthly Payment | Date Mtg will be paid off | Balloon Payment |
|-----|------------------------------|------------------|-----------------|---------------------------|-----------------|
| | <i>None</i> | <i>None</i> | | | |
| | | | | | |
| | | | | | |

MOTOR VEHICLES (Include cars, trucks, mobile homes, boats, airplanes, etc, which are owned or OPERATED by you)

| I/J | Year, make and license number | Fair Market Value | Loan Balance | Monthly Payment | Date loan will be paid off |
|-----|-------------------------------|-------------------|--------------|-----------------|----------------------------|
| | <i>None</i> | <i>None</i> | | | |
| | | | | | |
| | | | | | |

OTHER ASSETS (including, BUT NOT LIMITED TO, cash on hand, copyrights, patents, interests in partnerships, jewelry, coins, precious metals, personal/business notes or personal/business accounts receivable, antiques and collectibles, registered and unregistered vintage cars, airplanes, or any monies owed to you by any person or entity, etc.)

| I/J | Description | Fair Market Value | Loan Balance | Monthly payment | Date loan will be paid off |
|-----|--------------------------|-------------------|--------------|-----------------|----------------------------|
| | <i>personal property</i> | <i>\$13,000</i> | <i>-0-</i> | <i>-0-</i> | <i>None</i> |
| | | | | | |
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| CHARGE ACCOUNTS AND LINES OF CREDIT (Bank credit cards, lines of credit, revolving charge accounts, etc.) | | | | | | |
|---|----------------------|----------------------------|--------------|-------------|------------------|-------------------------|
| I/J | Type of Acct or Card | Name & Address of Creditor | Credit Limit | Amount Owed | Credit Available | Minimum Monthly payment |
| | None | | | | | |
| | | | | | | |
| | | | | | | |
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| OTHER DEBTS (Including delinquent taxes) | | | | | | |
|--|---------|---------|--------------|-------------|----------|-----------------|
| I/J | Owed To | Address | Relationship | Amount Owed | Owed For | Monthly Payment |
| | None | | | | | |
| | | | | | | |
| | | | | | | |

DISPOSAL OF ASSETS FOR THE PREVIOUS 7 YEAR PERIOD TO THE PRESENT, have you disposed of any assets or property with a cost or fair market value of more than \$500? If so, provide the following information; provide closing statements for any real estate sold. *No*

| Description of Asset | Date of Transfer | Fair Market Value When Transferred | Consideration Received | Relationship of Transferee to Defendant |
|----------------------|------------------|------------------------------------|------------------------|---|
| None | | | | |
| | | | | |
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INTEREST IN OR BENEFICIARY OF ESTATE OR TRUST Are you or will you become a beneficiary of any estate or trust? If yes, please also furnish a copy of the instrument creating the trust or estate and the latest accounting of your share interest in and income from the subject estate or trust.

| Name of Trust or Estate | Present Value of Assets | Value of Your Interest | Annual Income Received from this Source |
|-------------------------|-------------------------|------------------------|---|
| None | | | |
| | | | |
| | | | |
| | | | |

| MONTHLY INCOME | | | NECESSARY MONTHLY EXPENSES | |
|------------------------------------|---------------------|-----|--|----------------|
| DEFENDANT | GROSS | NET | | |
| | | | Rent or Mortgage <input checked="" type="radio"/> (circle one) | \$ - 0 - Phone |
| Regular Salary/Wages | None | | Groceries (No. Of people <u>2</u>) | 200 |
| Overtime Wages | None | | Dining Out | 100 |
| Other Wages | None | | Utilities - Electric | 200 |
| Commissions | None | | Oil/Gas Heating | 100 - Elect |
| Business Income | None | | Water/Sewer | - 0 - |
| Interest/Dividends | None | | Telephone | - 0 - |
| | | | Cable/Satellite Service | 130 |
| | | | Internet | - 0 - |
| Rental Income | None | | Cell Phone | 130 |
| Alimony/Child Support | None | | Transportation | 150 |
| Social Security | 106930 | | Insurance - Auto | 0 |
| Pensions/Annuities | None | | Medicine Health | 0 |
| Gifts | None | | Homeowners/Rental | 0 |
| Other (specify) | None | | Life | 0 |
| <u>NO</u> SPOUSE/Live-in Companion | GROSS | NET | Clothing | 30 |
| Salary/Wages | NO NA | | Alimony/Child Support | 0 |
| Commissions | No spouse NA | | Minimum Installment Payments | 0 |
| Business Income | or NA | | Medical Expenses <u>100% medicine</u> | 0 |
| Interest/Dividends | NA <u>Alimony</u> | | Charity | 0 |
| Rental Income | NA <u>Companion</u> | | Entertainment | 50 |
| Alimony/Child Support | NA | | Memberships/Dues | 0 |
| Social Security | NA | | Newspaper/Magazines | 50 |
| Pensions/Annuities | NA | | Tobacco Products | 0 |
| Gifts | NA | | Pet Expense | 0 |
| Other (Specify) | NA | | Other (specify) | |
| | | | | |
| | | | | |
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| TOTALS | 106930 | | TOTALS | 1040 |

ACCOUNTING FOR ILL GOTTEN GAINS AND PROFITS

How long were you engaged in the criminal activity to which you have pled guilty?

I did not plead guilty. I was found guilty in 2nd trial. 1st trial hung jury 1997 (1999)

Did you make any gains or profits from the criminal activity to which you have pled guilty? If not, why not?

NO I lost all my assets paying atty fees & destor insurance & Bond Fed County got all receipts from properties pledged to purchase the Shimmer Company

Overall, how much gain or profit did you make from this activity?

Zero - 0 -

If you made gains and profits from your criminal activity, what method did you employ in making gains and profits from your criminal activity?

I made no gains from my activity & then judge gave judgment against me.

Where did you deposit and/or spend your illegal gains and profits?

I did not receive any illegal gains or profits. The lawsuit was civil for in excess of 4 years & then turned into criminal active

Name bank(s), account name(s), and account number(s) where illegal gains and profits were deposited and spent.

US Government has all the records in their possession I don't have any records

Specifically, identify the locations of other gains and profits which were made.

None

Provide a separate accounting of all gains and profits.

I have no personal records as there were no gains or profits

Are you currently under investigation or pending judicial proceedings for any criminal offense?

None

If yes, provide Court Number, Jurisdiction, and explain the nature of the investigation and offense.

None

Are you the grantor or donor of any trust, or the trustee or fiduciary for any trust? If yes, please furnish a copy of the instrument creating the trust. Also give the present value of corpus of trust, and any other pertinent information.

None

Do you receive, or under any circumstances expect to receive, benefits from a claim for compensation or damages, life insurance, legal claim, or from a contingent or future interest in property of any kind (i.e. inheritance, profit-sharing or PENSION PLAN)? If so, explain.

None

Are you or have you ever been involved in bankruptcy proceedings? If so, give the date, jurisdiction, case number, and status.

I have never filed a bankruptcy

Are you or have you ever been involved in bankruptcy proceedings? If so, give the date, jurisdiction, case number, and status.

No

Have you ever been a party to any civil suit? If so, give the date, legal jurisdiction, persons involved and explain the nature of the legal action.

No

What is the prospect of an increase in value of assets or in present income (Please give a general statement)?

I will be 86 years old ^{July 25, 2018} Had polio & 2 Surgeries That affected left leg & foot & left hand & both arms & both shoulders Both cannot be raised above my head my foot polio problems are increasing in foot health I cannot climb stairs without help I take Blood pressure pill Daily

Attachments You are required to complete and return the attachments listing all required information.

++++List any and all personal property you own directly or indirectly, individually or jointly with others, corporate or otherwise, with an approximate fair market value of \$500.00 or greater. Describe in detail on Attachment A. None other than Clothing & watch

++++ Provide a list for each and every cash transaction, including gifts and charitable donations, over \$1,000 that you have conducted, or than another has conducted on your behalf, in the past three years. Describe in detail on Attachment B. None

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.

George Wayne Reeder

Signature

Social Security Number

7-17-18

Date

WARNING

False statements are punishable up to five years imprisonment, a fine of \$250,000, or both (18 U.S.C. Section 1001).

Form **8821**
(Rev. August 2008)
Department of the Treasury,
Internal Revenue Service

Tax Information Authorization

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.

For IRS Use Only

NAME: _____

DATE: _____

REMARKS: _____

1 Taxpayer information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) and address (type or print): **GEORGE WAYNE REEDER**

Social security number(s): **[REDACTED]**

Employer identification number: **NONE**

Daytime telephone number: **(816) 8201676**

Plan number (if applicable): _____

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address: **Any authorized employee of the Financial Litigation Unit, Office of the United States Attorney, 50 Kennedy Plaza, 8th Floor, Providence, RI 02903.**

CAF No. **0307-11708R**

Telephone No. **401-709-5062**

Fax No. **401-709-5017**

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

| (a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty | (b) Tax Form Number (1040, 941, 720, etc.) | (c) Year(s) or Period(s) (see the instructions for line 3) | (d) Specific Tax Matters (see instr.) |
|--|--|--|--|
| Income | 1040 | 2014 | All tax forms and schedules |
| Income | 1040 | 2015 | All tax forms and schedules |
| Income | 1040 | 2017 | All tax forms and schedules |

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. ☐

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☒

b If you do not want any copies of notices or communications sent to your appointee, check this box ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box ☐

To revoke this tax information authorization, see the instructions on page 4.

7 Signature of taxpayer(s). If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above.

▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature: George Wayne Reeder Date: 7-17-18

Print Name: _____ Title (if applicable): _____

Signature: _____ Date: _____

Print Name: _____ Title (if applicable): _____

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature

| | | | |
|---|--|--|---|
| Home Address and phone number of next of kin or other reference <i>Stacy Renee Robinson 32130 Harborview LN Westlake Village Calif 91361</i> | Other Names or Aliases <i>None</i> | Previous Addresses within 5 years <i>601 Toyopa Road Pacific Palisades California 90272</i> | |
| Age and relationship of dependents living in your household (excluding yourself and spouse) <div style="text-align: center; font-size: 1.2em;"><i>None</i></div> | | | |
| Date of Birth: | For Defendant <div style="text-align: center; font-size: 1.2em;"><i>7-25-32</i></div> | For Spouse/Live-in Companion <div style="text-align: center; font-size: 1.2em;"><i>None</i></div> | Tax Yr of latest filed income tax return. <i>2015</i> You are DIRECTED to FORWARD a signed copy of your latest income tax return along with your financial statement. |

BANK ACCOUNTS (include all personal and business checking accounts, savings accounts, Savings & Loans, Credit Unions, CD's, IRA & KEOGH ACCOUNTS, PENSION ACCOUNTS, etc.)

| I/J | Name of Institution | Address | Type of Acct | Account Number | Personal or Commercial |
|-----|---------------------|---|-----------------|---|--|
| | <i>Bank midwest</i> | <i>PO Box 26368 Kansas City - MO 64196-6368</i> | <i>checking</i> | <div style="background-color: black; width: 100px; height: 1.2em;"></div> | <i>personal Balance \$1446.66 June 14 2017</i> |
| | | <i>Banknorth.com 800.867.2265</i> | | | |
| | | | | | |
| | | | | | |

* I = Individual J = Joint

SAFE DEPOSIT BOXES (Rented or Accessed)

Do you have a Safe Deposit Box? ☐ Yes ☒ No.
If yes, please complete the bottom of this section for each box you have.

Is there any other person(s) holding assets or documents for you in any Safe Deposit Box? ☐ Yes ☒ No. *NA*
If yes, please complete the bottom of this section for each box.

Are you designated deputy and/or do you have access to anyone else's Safe Deposit Box? ☐ Yes ☒ No.
If yes, please complete the bottom of this section for each box.

Do you have a will and where is it kept? Provide this office with a copy of your last will and testament. *None*

| I/J | Name and Address of Location of Safe Deposit Box | Box Number | Contents |
|-----|--|------------|----------|
|-----|--|------------|----------|

None

SECURITIES (Stocks in public and closely held corporations, bonds, mutual funds, U.S. Govt. Securities, etc.)

| I/J | Name and Kind of Company | Location of shares | No. of Units | Fair Market Value |
|-----|--------------------------|--------------------|--------------|-------------------|
|-----|--------------------------|--------------------|--------------|-------------------|

None

If you hold stock in any closely held corporations, provide copies of corporate tax returns for the last two years. *No*

During the past two years, did you have a security trading account with a broker? *No* If yes, identify the brokerage firm(s), account number(s), state the name(s) of the account(s).

| I/J | Brokerage Firm | Account Name | Account Number |
|-----|----------------|--------------|----------------|
|-----|----------------|--------------|----------------|

None

Are you a member of any investment or barter trading clubs? *No* If so, provide account statements for the last two years showing investments and current club value.

REAL ESTATE (Include home equity loans under mortgage balance)

| I/J | Address (Include County) | Purch. Date | Purch. Price | Fair Market Value | Mortgage Date & Balance | Monthly Payment | Date Mtg. Paid Off |
|-----|-----------------------------|----------------|-----------------|----------------------|----------------------------|--------------------|-----------------------|
|-----|-----------------------------|----------------|-----------------|----------------------|----------------------------|--------------------|-----------------------|

None

If any real estate holdings are income producing properties, identify tenants and current lease terms. Provide income statements and/or tax returns for the last two years for each rental property.

None

BUSINESS HOLDINGS

How long have you owned your own business or businesses?

None

What is the nature of your business activity?

Retired I do consult with family of
they want my opinions

Are you involved in any business or personal partnerships?

No

If so, what is the nature of the activity of your partnership holdings?

Provide income and profit statements, balance sheets and income tax returns of your business and/or partnership(s) for the past two years.

attached find
last
Return

Provide a current listing of accounts receivable and accounts payable for your business and/or partnership(s).

None

LIFE INSURANCE

| Name and address of co. | Policy Number | Type | Face Amt | Cash Surrender Value | Amount Borrowed | Amt you can borrow |
|-------------------------|---------------|------|----------|----------------------|-----------------|--------------------|
| None | | | | | | |

MORTGAGES HELD BY YOU

| I/J | Mortgagee (name and address) | Mortgage Balance | Monthly Payment | Date Mtg will be paid off | Balloon Payment |
|-----|------------------------------|------------------|-----------------|---------------------------|-----------------|
| | None | | | | |

MOTOR VEHICLES (Include cars, trucks, mobile homes, boats, airplanes, etc, which are owned or OPERATED by you)

| I/J | Year, make and license number | Fair Market Value | Loan Balance | Monthly Payment | Date loan will be paid off |
|-----|--|-------------------|--------------|-----------------|----------------------------|
| | None, but I drive an International Landcruiser | | | | Vehicle |

OTHER ASSETS (including, BUT NOT LIMITED TO, cash on hand, copyrights, patents, interests in partnerships, jewelry, coins, precious metals, personal/business notes or personal/business accounts receivable, antiques and collectibles, registered and unregistered vintage cars, airplanes, or any monies owed to you by any person or entity, etc)

| I/J | Description | Fair Market Value | Loan Balance | Monthly payment | Date loan will be paid off |
|-----|-------------------------------------|-------------------|--------------|-----------------|----------------------------|
| | Wrist Watch | \$500.00 | 0 | 0 | |
| | clothing, shoes, shorts, sport coat | \$1500.00 | 0 | 0 | None Due |
| | Alaska West Balance - Windward Bank | \$144.60 | | | |

| CHARGE ACCOUNTS AND LINES OF CREDIT (Bank credit cards, lines of credit, revolving charge accounts, etc) | | | | | | |
|--|--|----------------------------|--------------|-------------|------------------|-------------------------|
| I/J | Type of Acct or Card | Name & Address of Creditor | Credit Limit | Amount Owed | Credit Available | Minimum Monthly payment |
| | <p>Interstate Indusgroup Warehouse pay credit card for my consulting for them + have provided monthly payments for approximately 17 years on the credit card</p> <p>No lines of credit</p> <p>No revolving charge accounts etc</p> | | | | | |

| OTHER DEBTS (Including delinquent taxes) | | | | | | |
|--|----------------|---------|--------------|-------------|----------|-----------------|
| I/J | Owed To | Address | Relationship | Amount Owed | Owed For | Monthly Payment |
| | No other debts | | | | | |

| DISPOSAL OF ASSETS FOR THE PREVIOUS 7 YEAR PERIOD TO THE PRESENT, have you disposed of any assets or property with a cost or fair market value of more than \$500? If so, provide the following information; provide closing statements for any real estate sold. | | | | |
|---|------------------|------------------------------------|------------------------|---|
| Description of Asset | Date of Transfer | Fair Market Value When Transferred | Consideration Received | Relationship of Transferee to Defendant |
| None | | | | |

| INTEREST IN OR BENEFICIARY OF ESTATE OR TRUST Are you or will you become a beneficiary of any estate or trust? If yes, please also furnish a copy of the instrument creating the trust or estate and the latest accounting of your share interest in and income from the subject estate or trust. | | | |
|---|-------------------------|------------------------|---|
| Name of Trust or Estate | Present Value of Assets | Value of Your Interest | Annual Income Received from this Source |
| None | | | |

| MONTHLY INCOME | | | NECESSARY MONTHLY EXPENSES | |
|-----------------------|--------|-----|--|---|
| DEFENDANT | GROSS | NET | | |
| Regular Salary/Wages | None | | Rent or Mortgage | None (circle one) \$ |
| Overtime Wages | None | | Groceries (No. Of people) | one |
| Other Wages | None | | Dining Out | occasionally |
| Commissions | None | | Utilities - Electric | paid by Reese Family + Internet under gas warehouse |
| Business Income | None | | Heating Oil/Gas | |
| Interest/Dividends | None | | Water/Sewer | |
| | | | Telephone | |
| | | | Cable/Satellite Service | |
| | | | Internet | |
| Rental Income | None | | Cell Phone | |
| Alimony/Child Support | None | | Transportation | |
| Social Security | None | | Insurance - Auto | None |
| Pensions/Annuities | None | | Health | None |
| Gifts | None | | Homeowners/Rental | None |
| Other (specify) | None | | Life | None |
| | | | Clothing | None |
| | | | Alimony/Child Support | None |
| | | | Minimum Installment Payments | NA |
| | | | Medical Expenses | Social Security pay |
| | | | Charity | -0- |
| | | | Entertainment | -0- |
| | | | Memberships/Dues | -0- |
| | | | Newspaper/Magazines | -0- |
| | | | Tobacco Products | -0- |
| | | | Pet Expense | None -0- No pets |
| | | | Other (specify) | |
| | | | I am provided a 1 Bedroom unit @ 600 E. 1st St. Blvd unit 201 Kansas city mo 64106 + pay for Rent or utilities | |
| TOTALS | \$1155 | | TOTALS | \$1100 approx \$1100 |

I have Post Polio muscular atrophy in feet, legs, arms, hands & shoulders & move around very slowly. Attache find some correspondence regarding my condition

ACCOUNTING FOR ILL GOTTEN GAINS AND PROFITS

How long were you engaged in the criminal activity to which you have pled guilty? *I pled Not guilty + 1st trial was a hung jury I was found guilty on 2nd trial*

Did you make any gains or profits from the criminal activity to which you have pled guilty? *None, I lost all ^{my} assets + received judgment against me for \$16 million plus, shell entities*
If not, why not?

Overall, how much gain or profit did you make from this activity? *None*
I made No profits

If you made gains and profits from your criminal activity, what method did you employ in making gains and profits from your criminal activity?
I made No profits

Where did you deposit and/or spend your illegal gains and profits? *I lost ^{out} assets that were given to Capitalize the Insurance company which totaled quite a few million Dollars that were free + clear of debt + ^{all} got a judgment against me for 16 million Dollars*

Name bank(s), account name(s), and account number(s) where illegal gains and profits were deposited and spent.
There was No money deposited by me + my Corporation

Specifically, identify the locations of other gains and profits which were made.
No gains or profit, all losses

Provide a separate accounting of all gains and profits. *None*

Are you currently under investigation or pending judicial proceedings for any criminal offense? *No*

If yes, provide Court Number, Jurisdiction, and explain the nature of the investigation and offense. *None*

Are you the grantor or donor of any trust, or the trustee or fiduciary for any trust? If yes, please furnish a copy of the instrument creating the trust. Also give the present value of corpus of trust, and any other pertinent information. *No, None*

Do you receive, or under any circumstances expect to receive, benefits from a claim for compensation or damages, life insurance, legal claim, or from a contingent or future interest in property of any kind (i.e. inheritance, profit-sharing or PENSION PLAN)? If so, explain.

No pension plan, No inheritance or profit sharing

Are you or have you ever been involved in bankruptcy proceedings? If so, give the date, jurisdiction, case number, and status.

No personal Bankruptcy but Company Corporation
did went Bankrupt & Insurance Company got proceeds

Have you ever been a party to any civil suit? If so, give the date, legal jurisdiction, persons involved and explain the nature of the legal action.

yes, many over the years & judgments against me
personally amounts unknown plus the \$ 16,420,213.21
owed to US District Court for ^{US} District of Rhode Island

What is the prospect of an increase in value of assets or in present income (Please give a general statement)?

I will be 85 years old July 25, 2017 & in
poor health & pretty broke up with many millions
owed on judgments, plus in poor health

Attachments You are required to complete and return the attachments listing all required information.

++++List any and all personal property you own directly or indirectly, individually or jointly with others, corporate or otherwise, with an approximate fair market value of \$500.00 or greater. Describe in detail on Attachment A. None

++++ Provide a list for each and every cash transaction, including gifts and charitable donations, over \$1,000 that you have conducted, or than another has conducted on your behalf, in the past three years. Describe in detail on Attachment B.

None

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete, and I further declare that I have no assets, owned either directly or indirectly, or income of any nature other than as shown in this statement, including any attachment.

Signature George Wayne Bender Social Security Number [REDACTED] Date 7-24-17

WARNING

False statements are punishable up to five years imprisonment, a fine of \$250,000, or both (18 U.S.C. Section 1001).

ATTACHMENT A

LIST ALL PERSONAL PROPERTY YOU OWN DIRECTLY OR INDIRECTLY, INDIVIDUALLY OR JOINTLY WITH OTHERS, CORPORATE OR OTHERWISE, WITH AN APPROXIMATE FAIR MARKET VALUE OF \$500 OR GREATER:

| Item | Description | Location | Owner | Year Purchased | Original Price |
|----------------------|-------------|----------|-------|----------------|----------------|
| Furniture | None | | | | |
| Furniture | None | | | | |
| Furniture | None | | | | |
| Furniture | None | | | | |
| Furniture | None | | | | |
| Television | None | | | | |
| Television | None | | | | |
| Television | None | | | | |
| VCR | None | | | | |
| Camera | None | | | | |
| Video Recorder | None | | | | |
| Stereo/CD Player | None | | | | |
| Electronic Equipment | None | | | | |
| Electronic Equipment | None | | | | |

| tem | Description | Location | Owner | Year Purchased | Original Price |
|----------------------|-------------|------------------|-------------|----------------|----------------|
| Guns | None | | | | |
| Jewelry | Watch | on my possession | Wynne Clark | 2005 | \$ 45.00 |
| Jewelry | None | | | | |
| Jewelry | None | | | | |
| Furs | None | | | | |
| Antiques | None | | | | |
| Antiques | None | | | | |
| Antiques | None | | | | |
| Precious tems | None | | | | |
| Collectibles | None | | | | |
| Collectibles | None | | | | |
| Coins/ Stamps | None | | | | |
| Artwork | None | | | | |
| Artwork | None | | | | |
| Computers | None | | | | |
| Computers | None | | | | |
| Answering Machine | None | | | | |
| | | | | | |
| | | | | | |

| tem | Description | Location | Owner | Year Purchased | Original Price |
|----------------------|-------------|----------|-------|----------------|----------------|
| Tools | None | | | | |
| Tools | None | | | | |
| Aircraft | None | | | | |
| Boats or Water Craft | None | | | | |
| Vehicles | None | | | | |
| Vehicles | None | | | | |
| Vehicles | None | | | | |
| Recreation Vehicles | None | | | | |
| Recreation Vehicles | None | | | | |
| Satellite TV | None | | | | |
| Lawn Mower | None | | | | |
| Animals | None | | | | |
| Sporting Equipment | None | | | | |
| Sporting Equipment | None | | | | |
| Season Tickets | None | | | | |
| | | | | | |
| | | | | | |

| Item | Description | Location | Owner | Year Purchased | Original Price |
|---------------------|-------------|--------------|---------------------------|----------------|----------------|
| Musical Instruments | None | | | | |
| Cell Phone | Verizon | in my pocket | Interstate Bridges Inc | 2019 | \$495.00 |
| Time-Shares | None | | | | |
| E-Trade Accounts | None | | | | |
| Other | None | | | | |

Provide a list for each and every cash transaction, including gifts and charitable donations, over \$1,000 that you have conducted, or than another has conducted on your behalf, in the past three years. *None*

| Date of the Cash Transaction | \$ Amount of Cash Transaction | To Whom was the cash paid? (Payee) | What is Payee's Relationship to you? | Describe Property, Service or Consideration Received or Provided in Exchange for the Cash |
|------------------------------|-------------------------------|------------------------------------|--------------------------------------|---|
| <i>None</i> | | | | |
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**INSTRUCTIONS FOR COMPLETING UNITED STATES
DEPARTMENT OF JUSTICE FINANCIAL STATEMENT**

Authority for the solicitation of the requested information is one or more of the following: 5 U.S.C. 301, 901 (see Note, Executive Order 6166, June 10, 1933); 28 U.S.C. 501, *et seq.*; 44 U.S.C. 3101; 4 CFR 101, *et seq.*; 28 CFR O. 160, 0.171 and Appendix to subpart Y; Fed R. Civ. P. 33(a), 28 U.S.C. 1651, 3201 *et seq.*

The principal purpose for gathering this information is to evaluate your capacity to pay any Government claim or judgment against you. Routine uses of the information are established in the following U.S. Department of Justice Case File Systems published in Vol. 42 of the Federal Register: Justice/CIV-001 at page 5332; Justice/TAX-001 at page 15347; Justice/USA-005 at pages 53406-53407, Justice/USA-007 at pages 53408-53410, Justice/CRIM-016 at page 12774. Disclosure of this information is voluntary. If the requested information is not furnished, the U.S. Department of Justice has the right to such disclosure of the information by legal methods.

INSTRUCTIONS:

ALL RESPONSES MUST BE COMPLETED. DO NOT LEAVE BLANKS. FOR EXAMPLE, IF THE RESPONSE IS "NONE," OR IF THE ITEM DOES NOT APPLY TO YOU, WRITE IN "NONE."

USE ADDITIONAL SHEETS OR CONTINUE ON REVERSE SIDE OF FORM IF ADDITIONAL SPACE IS NEEDED. THE RESPONSES MUST INCLUDE ALL REQUESTED INFORMATION FOR YOUR TOTAL HOUSEHOLD INCLUDING YOUR SPOUSE/LIVE-IN COMPANION AND DEPENDANTS.

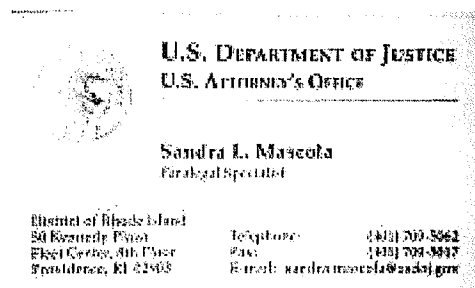
IF NOT MARRIED, BUT HAVE LIVE-IN COMPANION, PARTNER, OR ANY INDIVIDUAL OR INDIVIDUALS RESIDING IN YOUR HOUSEHOLD, FURNISH INFORMATION FOR THAT INDIVIDUAL OR INDIVIDUALS WHEREVER THE TERM "SPOUSE" APPEARS.

ATTACH A COPY OF YOUR LAST FEDERAL INCOME TAX RETURN FILED (WITH YOUR SIGNATURE) EXACTLY AS FILED INCLUDING ALL ATTACHMENTS AND SCHEDULES).

YOU MUST ALSO ATTACH A COPY OF THE MOST RECENT THREE MONTHS PAYROLL STATEMENTS, PAY STUBS, OR ALTERNATIVE DOCUMENTATION EVIDENCING YOUR INCOME OR COMPENSATION FROM ALL SOURCES.

YOU MUST ALSO ATTACH COPIES OF RECEIPTS, MOST RECENT STATEMENTS, INVOICES, OR PAYMENT COUPON TO EVIDENCE ALL HOUSEHOLD INCOME AND EXPENSES LISTED ON PAGE SIX OF THIS FINANCIAL STATEMENT.

**THE COMPLETED FINANCIAL STATEMENT, ALONG WITH ALL REQUIRED
ATTACHMENTS MUST BE SENT TO**



ON OR BEFORE: December 23, 2013

ALL QUESTIONS SHOULD BE DIRECTED TO THE ABOVE INDIVIDUAL